

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/03/360

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		-				
5		-				
6	/					
7	/					
8		-				
9		-				
10	/					
11	/					
12		-				
13	/					
14	/					
15		-				
16	/					
17		-				
18	/					
19	/					
20		-				
21		-				
22		-				
23		-				
24		-				
25		-				
26		-				
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28		-				
29		-				
30		-				
31		-				
32		-				
33		-				
34		-				
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36		-				
37		-				
38		-				
39		-				
40		-				
41		-				
42		-				
43		-				
44		-				
45		-				
46		-				
47	/	-				
48	/	-				
49		-				
50		-				
TOTAL IND.	14					
TOTAL DEP.	30					
TOTAL CLAIMS	44					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		-						
52		-						
53		-						
54		-						
55		-						
56		-						
57		-						
58		-						
59		-						
60		-						
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89		-						
90		-						
91		-						
92		-						
93		-						
94		-						
95		-						
96		-						
97		-						
98		-						
99		-						
100		-						
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								